

Montana Tobacco Prevention Program reACT! Against Corporate Tobacco Mini-Grant Application Form Coalition Development

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P.O. Box 202951
Helena, MT 59620-2951

COVERSHEET (10 Points)

Please fill this form out **COMPLETELY**. Leaving items blank will result in a deduction of points.

Name of Sponsor Group/Organization:	
Address	
City, Zip	
Phone	
Website (if applicable)	
Primary Youth Contact Information (if applicable)	
Name	
Title	
Organization	
Address	
City, Zip	
Phone	
E-mail	
Primary Adult/Advisor Contact Information	
Name	
Title	
Organization	
Address	
City, Zip	
Phone	
E-mail	
Title of Project:	

CERTIFICATION: We, the undersigned, certify that the statements contained herein are true and complete to the best of our knowledge and, if awarded funding, agree to and accept the mandatory requirements of the Montana Tobacco Use Prevention Program.

x

Signature of Adult/Advisor

Date

*Sections of this application were adapted from: Mass Youth Against Tobacco Proposal Application (2007-2008), Massachusetts, USA; Montana Tobacco Use Prevention Program Mini-Grant Application (2006-2007), Helena, Montana, USA; Utah Tobacco Prevention Program Grant Application (2006-2007), Salt Lake City, UT, USA; Not On Tobacco Financial Award (2007-2008), Wisconsin, USA, to better serve tobacco initiatives and Montanans.

PROJECT NARRATIVE (90 Points)

Montana Tobacco Use Prevention Program Mini-Grant applications should be collaboratively developed by youth and adults. Please answer the following questions for the narrative section. **DO NOT LEAVE** any questions unanswered.

- 1) Background (250 words, 20 points)
 - a. Provide a brief description of the steps you will take to form your new coalition, if you have already developed a coalition briefly describe your coalition.
 - b. Briefly describe any past tobacco prevention work your coalition has worked on or any future tobacco prevention work you are planning that is separate from this application.
- 2) Budget (15 points): Please submit with your proposal a budget outline (*provided*) on how you would delegate funds to meet your goals.
- 3) Involvement (200 words, 15 points)
 - a. What specific community, or group of youth, do you hope to reach with your coalition? What is your target number of members you would like to recruit?
- 4) Results (300 words, 30 points)
 - a. How will this project specifically support *reACT!* goals? (*FOR HELP WITH THIS QUESTION: PLEASE read reACT! goals piece located below*)
 - b. How will this project influence the decrease in initiation of tobacco use by Montana youth?
- 5) Support (5 points each)
 - a. Two letters of support will be **REQUIRED**: both from partners in your local community (i.e. Board of Health, Mayor's Office, Police, Teachers, Public Servants, Community Organizations)

reACT! Goals

- ✗ Create and facilitate new and existing youth empowerment coalitions.
- ✗ Decrease the initiation rate of tobacco use among youth.
- ✗ Increase awareness of *reACT!* and MTUPP programs.
- ✗ Encourage youth-led anti-corporate tobacco projects.
- ✗ Increase awareness of corporate tobacco's targeting of youth.
- ✗ Increase media literacy, peer education, and grassroots advocacy of tobacco use programs.
- ✗ Complete anti-corporate tobacco activities while incorporating the five educational components of *reACT!* (education, activism, art, branding, and media).

MANDATORY REQUIREMENTS

All prospective coalitions or existing coalitions/organizations that are awarded Montana Tobacco Use Prevention Program (MTUPP)/*reACT!* Mini-Grants **MUST** do the following:

- Perform the scope of the work as indicated in their grant agreement with MTUPP/*reACT!* Grantees are expected to contact the grant coordinator if they experience changes or difficulties implementing their Project Narrative.
- Track progresses towards activity/event outcomes identified in the Project Narrative and submit quarterly reports according to schedule.
- Submit expenditure reconciliation reports at the end of the grant cycle.
- Attend 2008 Teen Summit on the University of Montana-Missoula campus, June 17-20, 2008.
- Coordinate an activism activity around Kick Butts Day or Through with Chew Week
- Coalition Development grantees will not be eligible for Tobacco Days of Action or Innovative Project grants
- Provide MTUPP/*reACT!* with pictures of activities/events and publicity materials (i.e. press releases, newspaper articles, advertisements, letters of appreciation, posters) in accordance with the MTUPP Media Policy.
- Complete a comprehensive evaluation at the end of the grant cycle.
- Be inclusive of everyone!
- Be creative and have a blast!

SUBMISSION REQUIREMENTS

- Applications must be faxed, mailed or e-mailed to the grant coordinator by 4:30PM, September 14, 2007, as applications are received we will contact you with confirmation. All applications that meet the deadline will be reviewed for completeness and for compliance with eligibility and submission requirements
- Complete proposals that meet the requirements will be reviewed by a grant review committee and scored competitively. Reviewers will include MTUPP staff and individuals with experience working in tobacco prevention.
- Grant award decisions will be made by the week of September 17-21, 2007. Applicants will be notified by mail whether or not their proposal was funded. MTUPP reserves the right to make any changes to evaluation, reconciliation, and application processes.

RESOURCES

Please circle resources you will need in order to have a successful year.

✘ reACT! trainings

- Tobacco 101- The basics of tobacco and the tobacco industry. Includes health affects and basic concepts of media literacy.
- *reACT! 101*- Explains the *reACT! Against Corporate Tobacco* statewide movement in Montana, highlighting past successes and present initiatives, as well as ways to get involved.
- Youth Advocacy 101- Highlights teen advocacy against corporate tobacco on local, national, and even international levels. This presentation is supplemented with many visuals, personal stories and real-life examples.
- Working with Youth (geared for adults only)- Explains youth empowerment, highlighting the role of adults within a youth empowerment movement, how to mobilize and support youth, and coalition development and sustainability.

✘ reACT! information

- Brochures
- Zines (a magazine includes facts, poems, tobacco company quotes, *reACT!* group info, drawings, and pictures)
- Guide Sheets (I.e. Publicity, Using Media)

✘ Ideas about possible activism activities and coalition development strategies

✘ *reACT!* help with promotion of projects

✘ *reACT!* help with completion of projects

Other, please specify:

VERIFICATION SIGNATURE

Signature of Youth Applicant(s)_____

Signature of Adult Advisor(s)_____.

CRITERIA FOR PROPOSAL REVIEW

Applications will be scored based on the following criteria.

- Coversheet (10 Points)
 - All areas are legibly completed
- Background (20 points)
 - Applicant has outlined a brief description of newly formed coalition, or existing coalition, with a clear mission statement.
 - Applicant has demonstrated previous organizational achievements in community action and education in an effort to change norms in the community.
- Budget (15 points)
 - The budget includes a clear and reasonable description of how funds are allocated and is adequate for the proposed project.
- Involvement (15 points)
 - Project activities are clearly described, realistic, and likely to achieve the proposed outcomes and goals.
 - Process in which to engage youth/students in proposed activities/events is practical and interesting.
 - The number of youth to be targeted is identified.
- Results (30 points)
 - Goals are identified as well as the process in which they will meet intended goals.
 - The applicant has established integration of *reACT!* goals.
 - Applicant has a concise strategy of how to influence the decrease in initiation of tobacco use by Montana youth.
- Support (5 points for each letter)
 - Applicant has networked for support of their project.

INVOICE

Please fill out the invoice below for prompt payment of grant funds should your program be selected. This is a necessary part of the application, seeing as you will not receive funds unless you complete the invoice. Thank-you.

[Insert letterhead here, if applicable]

INVOICE

A.J. Cloud
Montana Tobacco Use Prevention Program
1400 Broadway
P.O. Box 202951
Helena, MT 59620-2951

DELIVERABLE PAYMENT REQUESTED: MTUPP Mini-Grants Program
[Insert Date]

Name:
Address:

Tax ID/SSN:

Payment Amount:

Date:

Submitted by: [Your Name]

Signature

Date